Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15**, **2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Prescribed by OMB Circular A-102

APPLICATION FOR	•			OMB Ap	proval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED July 25	, 2005	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication Construction	4 DATE DECEMED BY	EEDEBAL AGENCY	Federal Identifier	
☐ Construction ✓ Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal identifier	
5. APPLICANT INFORMATION	Mon-construction				
Legal Name:			Organizational Unit:		
Asociacion Nacional		ores		le esta de la contesta	d an mattern involvin
Address (give city, county, State,			this application (give a	number of person to be contacte	u on matters involving
234 E. Colorado Bl., S			Dr. Carmela	3. Lacayo	
Pasadena, CA 91101		• .	(626)564-198	8	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	•	7. TYPE OF APPLICA	ANT: (enter appropriate letter in t	
9 5 — 6 5 2 7	3 0 0	•	A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Learning
	Continuation	Revision	C. Municipal	J. Private University	
∐ New			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District		Profit
/ (, morease / mara	specify):		·		
			9. NAME OF FEDERA	AL AGENCY:	
			U.S. Department	t of Labor/ETA	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
10. OATALOG OF TEDERALES		1 7 — 2 3 5	A proposal to co	nduct a SCSEP program i	in accordance
	•		with Title V of the	e Older Americans Act. T	he project will
TITLE: 12. AREAS AFFECTED BY PRO	NECT (Cities Counties St	ates etc.):	provide employn	nent for eligible low incom	e older persons
See attached list of slot al		3100, 010.7.	55+. Helping the to unsubsidized	em develop new job skills	- leading them
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:	to unoupolated		
			b. Project		
Start Date Ending Date 7/1/05 6/30/06	a. Applicant	29th District	b. Project		
7/1/05 6/30/06 15. ESTIMATED FUNDING:	Additi Ocitiii	Zotti Diotriot	16. IS APPLICATION	I SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
15. ESTIMATED TONDING:			ORDER 12372 P		
a. Federal	\$	7,689,923 ·			
		7,009,923		APPLICATION/APPLICATION V E TO THE STATE EXECUTIVE	
b. Applicant	ECEIVED		1	FOR REVIEW ON:	ONDER TEST
c. State	\$ 2005	.00		07/25/05	
1	\$ AUG - 1 2005		DATE	07723703	
d. Local	\$ HOUS	E .00	L No TI BROCE	AM IS NOT COVERED BY E. O	12372
e Other	\$ AND GLEARING HOUS	00		GRAM HAS NOT BEEN SELEC	
e. Other		854,436 [°]	FOR RE		
f. Program Income	\$.00			
			17. IS THE APPLICA	ANT DELINQUENT ON ANY FE	
g. TOTAL	\$	8,544,359	Yes If "Yes,"	attach an explanation.	✓ No
18. TO THE BEST OF MY KNO	I WLEDGE AND BELIEF, AL	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRE	CT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF TI	HE APPLICANT AND T	THE APPLICANT WILL COMPL	Y WITH THE
ATTACHED ASSURANCES IF				c. Telephone Number	
a. Type Name of Authorized Rep Dr. Carmela G. Lacayo	oresentative	b. Title President/CEO		(626) 564-1988	
d. Signature of Authorized Repr	Sentative /	1		e. Date Signed	2005
	a 4.	782			2005
Previous Edition Usable		/ T		Standard Form 424	+ (Kev. 7-97)

Authorized for Local Reproduction

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED July 28	3, 2005	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
Experience Works, Ir	nc.		Experience W	/orks, Inc.
Address (give city, county, State,			1	number of person to be contacted on matters involvi
2200 Clarendon Blvd Arlington, VA 22201	., Suite 1000		this application (give a Sally Boofer,	area code) 703-522-7272
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
52-0817		-	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
☐ New	✓ Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
If Revision, enter appropriate lette	or(e) in hov(es)		D. Township E. Interstate	L. Individual
II Revision, enter appropriate lette	E1(3) 111 DOX(C3)		F. Intermunicipal	M. Profit Organization
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Private Non-profit
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:
		Company of the Compan	US Dept. of Labo	or, ETA, Older Worker Division
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		1 7 — 2 3 5		ity Service Employment Program
TITLE: Senior Comr	munity Service Employ	ment Program		project will provide subsidized, part-time community service employment for low
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ates, etc.):		age 55 and over".
Multiple counties - See Se	ection 3 - Geographic	Areas to be Served		- 3
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date 7/1/05 6/30/06	a. Applicant Virginia, 8	th District	b. Project	Multiple
15. ESTIMATED FUNDING:	1 9		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PF	ROCESS?
a. Federal	8	5,790,315 · · · · · · · · · · · · · · · · · · ·	2 VES THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.00		E TO THE STATE EXECUTIVE ORDER 12372
RE	CEIVED		PROCESS	FOR REVIEW ON:
c. State	2005	00	DATE	07/27/05
d. Local A	βG = 1 2003 	.00		
e. Other STATE	CLEARING HOUSE	00	☐ OR PRO	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	9,532,257	FOR RE	VIEW
		00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		5,322,572		attach an explanation.
18, 10 THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICATION TO THE APPLICANT AND TO	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title	0	c. Telephone Number
Sally Boofer	·	Director of Program	n Operations	(703) 522-7272 e. Date Signed
d. Signature of Authorized Repre	sentative /			9/27/05
Previous Egition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproductio	n	•		Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Iden	Version 7/03
1. TYPE OF SUBMISSION:	-	7/12/05 3. DATE RECEIVED BY	CTATE	RA-93-2 State Applicati	
Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on dentine
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
City of Riverside			Department: Riverside Municipal A	virnort (RAL)	
Organizational DUNS:			Division:	mport (10 tz)	
114-432-008 Address:		A CONTRACTOR OF THE CONTRACTOR	Name and telephone	e number of pe	rson to be contacted on matters
Street:			involving this applic	ation (give are	
6951 Flight Road			Prefix:	First Name: Mark	
City: Riverside			Middle Name D.		
County: Riverside			Last Name Kranenburg, C.M.		
State: CA	Zip Code 92504		Suffix:		
Country:	92304		Email:		
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (EIM):		mkranenburg@rivers Phone Number (give a		Fax Number (give area code)
			(951) 351-6113	area code)	(951) 539-3570
95-6000769 8. TYPE OF APPLICATION:			` '	ANT: (See bac	k of form for Application Types)
☑ Ne	w 🔲 Continuatio	on 🔲 Revision	C	(000 000	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	<u> </u>	Other (specify)		
(Oce back of form for description					
Other (specify)			9. NAME OF FEDER Federal Aviation A		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLI	CANT'S PROJECT:
		20-106	Update Airport Maste Study, and Strategic		NEPA review, Economic Impact
TITLE (Name of Program): Airport Improvement Program (AIP)		Study, and Strategic	Dusiness Flan.	
12. AREAS AFFECTED BY PF	,	s, States, etc.):			
City of Riverside, Riverside, CA	4				
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION	AL DISTRICTS	OF:
1/06	5/07		a. Applicant 43rd		43rd
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal	7 PM C PM 11 / PM 1	75,000	THIS PR	EAPPLICATION	N/APPLICATION WAS MADE
b. Applicant	RECEIVE	1,250		SS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
c. State \$	AUG - 1 2005	00	DATE: A	August 1, 2005	
d. Local \$		23,750	- PROGR	AM IS NOT COV	/ERED BY E. O. 12372
L CT	ATE CLEARING HO	USE 00	р. №. ш		
e. Other	THE OLL/MINATION		FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income			17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		500,000	Yes If "Yes" attac	h an explanation	n. 🛛 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE TO THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		lMiddl	e Name	
	First Name Bradley		J. Suffix		
Last Name Hudson					
b. Title City Manager	A(l)			ephone Number 51) 826-5761	(give area code)
d. Signature of Authorized Repu	eseptative		e. Da	te Signed July	15, 2005
Previous Edition Usable	- V PT				Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduct	ion \	1			Prescribed by OMB Circular A-102
	\bigvee	(' - X/h	111		
	Attest	STATE OF THE PROPERTY OF THE P	annual des de français des principales des annuals de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya de la companya de la compan		
		Ofty Gler	K		

		_	
1/0	rsion	7	٠,

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ident	Version 7/03
FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY S	STATE	State Application	
Application	Pre-application				
Construction	Construction ■	4. DATE RECEIVED BY F	EDERAL AGE	NCY Federal Identifi	er
Non-Construction 5. APPLICANT INFORMATION	Non-Constructio	n			
Legal Name:		~	Organizational Department:	Unit:	
	C UTILITY	DISTRICT	•		
	-110540	DECEME	Division:		
Address: Street:		NECEIVEL	Name and tele involving this	application (give area	son to be contacted on matters a code)
15844 'K'	STREET	AUG - 1 2005	Prefix: MR	First Name:	ARUE
City: MOJAVE		CTATE	Middle Name .	THANH	
County: KERN		STATE CLEARING HOU	\$€t Name G	RIFFIN	
State:	Zip Code 935		Suffix:		
Country: USA	<u> </u>		1	_ ,	jineering.com
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		1		Fax Number (give area code)
95-6002093			(661) 325	• • • •	9 , 7 ,
8. TYPE OF APPLICATION:	v 🖺 Continua	ation		<u>-</u>	of form for Application Types)
If Revision, enter appropriate lett	er(s) in box(es)	Revision	Other (specify)	ICIPAL	
(See back of form for description	or letters.)				
Other (specify)				EDERAL AGENCY:	USDA
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTA	ANCE NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
	TER MAN	_10-760	DESIGN	AND CON	STRUCTION OF
TITLE (Name of Program): WA	IN AND GRA	INT PROGRAM			UON WATER
12. AREAS AFFECTED BY PR	OJECT (Cities, Cour	nties, States, etc.):	STORAGE TANK		
MOJAVE 13. PROPOSED PROJECT				SIONAL DISTRICTS	
Start Date: NARCH 1,2006	Ending Date:	HE 1,2006	a. Applicant		b. Project
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$	250	6,880.	ORDER 12372	IIS PREAPPLICATION	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	2,50	0,000	Ja. 103. AV	AILABLE TO THE STA ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
c. State		-00	DA	ATE:	,
d. Local RE	CHIVED			e	'ERED BY E. O. 12372
	<u>i - 1 2005</u>	00	D. NO. 11		T BEEN SELECTED BY STATE
e. Other	1 2003		\ FC	R REVIEW	
f. Program Income \$	LEARING HOUS	E	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	250	6,880	1	attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY T	HE GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE I T AND THE APPLICA	RUE AND CORRECT. THE
a. Authorized Representative Prefix	First Nama			Middle Name	
MR.	BR.	LCE:	Suffix		
Last Name GAINES					(give area code) 661-
b. Title GENERAL M				(give area code) 661-41-64	
d. Signature of Authorized Repre	esentative W	CE Her		e. Date Signed	14/05
Previous Edition Usable Authorized for Local Reproducti		- /		/	Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102

FEDERAL ASSISTANC	E	2. DATE SUBMITTED 08/03/2005	0	Applicant Identifier	
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED	BY STATE	State Application Identifier	
Application Construction	Pre-application	4 DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Construction Non-Construction	1	B! FLDERAL AGENC!	rederal identifier	
5. APPLICANT INFORMATIO	N Non-Construction				
Legal Name:			Organizational Unit:		
North Fork Community Develo	pment Council, Inc.		Department: Executive Manageme	ent	
Organizational DUNS: 02-622-7350			Division:		
Address:			Name and telephone	e number of person to be contacted on mate	
Street: 57839 Road 225, P.O. Box 148	94		Involving this applic	e itamber of person to be contacted on mate eation (give area code)	
	D -4		Prefix:	First Name: Irving	
City: North Fork			Middle Name	inving	
County:			Last Name		
Madera State:	T: 0		Taylor		
State: CA	Zip Code 93643		Suffix:		
Country: JSA			Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		irvtaylor@northforkcd Phone Number (give a		
77-0317248			559-877-2244	559-877-4267	
. TYPE OF APPLICATION:				ANT: (See back of form for Application Types)	
₩ Ne	w 🗓 Continuatio	n 🏻 Revision			
Revision, enter appropriate let See back of form for description	ter(s) in box(es)	w Retision	O- Not for Prolit Organ	nization	
we back of form for description	of letters.)		Other (specify)		
Other (specify)	Numbered		9. NAME OF FEDERA	AL AGENCY:	
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE MIMPED.	Department of Housing and Urban Development		
- ON THE BEING	DOMESTIC ASSISTANT		1	TLE OF APPLICANT'S PROJECT:	
ITLE (Name of Program):		1 4-2 4 6	Industrial Park Develo	pment in North Fork, California	
conomic Development Initiativ	re				
2. AREAS AFFECTED BY PR		s, States, etc.):			
North Fork, Madera County, Ca	llifornia				
3. PROPOSED PROJECT start Date:	Ending Date:		14. CONGRESSIONA		
0/01/2005	Ending Date: 09/30/2008		a. Applicant	b. Project 19	
5. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTI	
. Federal \$		00	ORDER 12372 PROCE	ESS? APPLICATION/APPLICATION WAS MADE	
. Applicant \$		248,000	AVAILABL	E TO THE STATE EXECUTIVE ORDER 1237	
			PROCESS	S FOR REVIEW ON	
. State \$, OB	DATE: 08,	/03/2005	
. Local \$.00	PROGRAM	IS NOT COVERED BY E. O. 12372	
. Other \$		00			
			OR PROGI	RAM HAS NOT BEEN SELECTED BY STATE EW	
Program Income \$.00	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?	
. TOTAL \$	_	00	- CTV	3173	
8. TO THE BEST OF MY KNO	WLEDGE AND BELLEP	248,000 ALL DATA IN THIS AR	Yes If "Yes" attach	an explanation. We No ATION ARE TRUE AND CORRECT. THE	
	AVIOUNIZED BY THE I	TOVERNING HOUSE	THE APPLICANT AND T	ATION ARE TRUE AND CORRECT. THE THE APPLICANT WILL COMPLY WITH THE	
TACHED ASSURANCES IF 1 Authorized Representative	THE ASSISTANCE IS AV	NARDED.			
refix	First Name		Middle N	Vame	
ast Name	Irving		N N		
aylor			Suffix		
Title kecutive Director	$ \wedge $, _		none Number (give area code)	
Signature of Authorized Repres	sentative	h //	559-877 e. Date S	-2244 Signed	
evious Edition Usable	1 win	301 lly m	08/03/20	005	
thorized for Local Reproduction	n /			Standard Form 424 (Rev.9-20) Prescribed by OMB Circular A-	
			AUG - 3	1	
			1 400 32	2005	
			STATE CLEARING	Total and the second se	
			A SALMAR MARKET A POLICE	•	

	CE	2. DATE SUBMITTE 08/03/2005	D	Applicant Id	Versi entifier
TYPE OF SUBMISSION:	Pre application	3. DATE RECEIVED	BY STATE	State Applic	ation Identifier
Construction	Pre-application Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ider	
Non-Construction	Non-Construction			ederal idel	runer
APPLICANT INFORMATION	DN				
egal Name:			Organizational Unit		
orth Fork Community Develor ganizational DUNS:	opment Council, Inc.		Department: Executive Manageme	ent	
2-622-7350			Division:		
Idress: reet:			Name and telephon	e number of n	erson to be contacted on ma
839 Road 225, P.O. Box 14	84		involving this applic	cation (give a	rea code)
iv:			Prefix: Mr.	First Name: Irving	
y: orth Fork			Middle Name N		
unly: idera			Last Name		
ate:	Zip Code		Taylor Suffix:		
untry:	93643				
A EMPLOYER IDENTIFICATI	ON MUMPER (50.0		Email: irvtaylor@northforkcd		
			Phone Number (give a	rea code)	Fax Number (give area code)
77-031724 TYPE OF APPLICATION:	8		559-877-2244		559-877-4267
Ne	m	ters.	7. TYPE OF APPLICA	ANT: (See bad	k of form for Application Types
evision, enter appropriate le	tter(s) in hav(se)	n Revision	O- Not for Profit Organ	nization	
back of form for description	n of letters.)		Other (specify)		
er (specify)		LJ	9. NAME OF FEDERA	V ACENOV	
CATALOG OF FEDERAL	DOMECTIC ACCIONATION		Department of Housin	g and Urban D	evelopment
THE COUNTY EDERAL	DOMESTIC ASSISTANC		11. DESCRIPTIVE TIT		
_E (Name of Program):		14-246	Site Preparation and (Systems	Construction of	Related Water and Sewer
nomic Development Initiativ	/e				
AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):			
th Fork, Madera County, Ca PROPOSED PROJECT	ulifornia				
LKOLOGED PROJECI			14. CONGRESSIONAL	L DISTRICTS	OF:
t Date:	Ending Date:		A 11		
t Date: 1/2005	Ending Date: 09/30/2008		a. Applicant 19		b. Project
t Date:			a. Applicant 19 16. IS APPLICATION	SUBJECT TO	19
t Date: 1/2005		Vu	a. Applicant 19 16. IS APPLICATION SORDER 12372 PROCE	SS?	19 REVIEW BY STATE EXECUT
t Date: 11/2005 ESTIMATED FUNDING:		248,000 · · · · · · · · · · · · · · · · · ·	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE	SS? APPLICATION	19 REVIEW BY STATE EXECUT
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$		248,000	a. Applicant 19 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PREA	SS? APPLICATION	19 REVIEW BY STATE EXECUT PAPPLICATION WAS MADE STE EXECUTIVE ORDER 123
t Date: 11/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$.**	a. Applicant 19 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PREA	SS? APPLICATION E TO THE STA FOR REVIEW	19 REVIEW BY STATE EXECUT PAPPLICATION WAS MADE STE EXECUTIVE ORDER 123
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$		248,000	a. Applicant 19 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRES AVAILABL PROCESS DATE: 08/	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005	REVIEW BY STATE EXECUT (APPLICATION WAS MADE TE EXECUTIVE ORDER 1237 ON
t Date: 11/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$		248,000	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. THIS PRE AVAILABL PROCESS DATE: 08/ b. No. PROGRAM	ISS? APPLICATION TO THE STA FOR REVIEW 03/2005 IS NOT COVI	REVIEW BY STATE EXECUTION WAS MADE ATE EXECUTIVE ORDER 1237 ON
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ state \$ st		248,000	a. Applicant 19 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRES AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGF	SS? APPLICATION E TO THE STA: FOR REVIEW 03/2005 I IS NOT COVI	REVIEW BY STATE EXECUT APPLICATION WAS MADE TO STATE EXECUTIVE ORDER 123' ON ERED BY E. O. 12372 BEEN SELECTED BY STATE
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ opticant \$ ate \$ cal \$ her \$ ogram Income \$		248,000	a. Applicant 19 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRES AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGF	SS? APPLICATION E TO THE STA: FOR REVIEW 03/2005 I IS NOT COVI	REVIEW BY STATE EXECUT APPLICATION WAS MADE TO STATE EXECUTIVE ORDER 123' ON ERED BY E. O. 12372 BEEN SELECTED BY STATE
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ ocal \$ her \$ ogram Income \$ OTAL \$	09/30/2008	248,000 · · · · · · · · · · · · · · · · · ·	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN	REVIEW BY STATE EXECUT VAPPLICATION WAS MADE TO EXECUTIVE ORDER 123 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT?
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ ocal \$ her \$ orgram Income \$ OTAL \$ OTHE BEST OF MY KNOW	09/30/2008	248,000	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGRAM OR PROGRAM 17. IS THE APPLICAN Yes If "Yes" attach a	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN	REVIEW BY STATE EXECUT APPLICATION WAS MADE THE EXECUTIVE ORDER 1237 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ cal \$ her \$ ogram Income \$ OTAL \$ O THE BEST OF MY KNOW JMENT HAS BEEN DULY A CHED ASSURANCES IF T	WLEDGE AND BELIEF, A	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGRAM OR PROGRAM 17. IS THE APPLICAN Yes If "Yes" attach a	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN	REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ ocal \$ her \$ ogram Income \$ OTAL \$ O THE BEST OF MY KNOW CHED ASSURANCES IF T thorized Representative	WLEDGE AND BELIEF, A AUTHORIZED BY THE G HE ASSISTANCE IS AW	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGRAM OR PROGRAM 17. IS THE APPLICAN Yes If "Yes" attach a	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN	REVIEW BY STATE EXECUT APPLICATION WAS MADE TO N ERED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT?
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ pplicant \$ ate \$ param Income \$ PTAL \$ OTHE BEST OF MY KNOW JMENT HAS BEEN DULY A CHED ASSURANCES IF T thorized Representative	WLEDGE AND BELIEF, A	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGRAM OR PROGRAM 17. IS THE APPLICAN THE APPLICANT AND THE APPLI	SS? APPLICATION FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN IN EXPLICAN ATION ARE TR	REVIEW BY STATE EXECUT APPLICATION WAS MADE THE EXECUTIVE ORDER 1237 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ ocal \$ her \$ ogram Income \$ OTAL \$ O THE BEST OF MY KNOW CHED ASSURANCES IF T thorized Representative	WLEDGE AND BELIEF, A OUTHORIZED BY THE G HE ASSISTANCE IS AW First Name	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGRAM FOR REVIE 17. IS THE APPLICANT THE APPLICANT AND THE APPLIC	SS? APPLICATION FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN IN EXPLICAN ATION ARE TR	REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ oral \$ OTAL \$ OTHE BEST OF MY KNOW CHED ASSURANCES IF T thorized Representative The state of t	WLEDGE AND BELIEF, A OUTHORIZED BY THE G HE ASSISTANCE IS AW First Name	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGR 17. IS THE APPLICANT Wes If "Yes" attach a PLICATION/PREAPPLICATION OR APPLICANT AND THE APPLICAN	SS? APPLICATION FOR REVIEW 03/2005 I IS NOT COVI RAM HAS NOT EW T DELINQUEN IN EXPLICAN ATION ARE TR HE APPLICAN AMBER A	REVIEW BY STATE EXECUT VAPPLICATION WAS MADE IT EXECUTIVE ORDER 123 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? NO RUE AND CORRECT. THE IT WILL COMPLY WITH THE
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ oral \$	WLEDGE AND BELIEF, A AUTHORIZED BY THE G HE ASSISTANCE IS AW First Name Irving	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE STORES Middle N N Suffix c. Teleph 559-877.	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005 IIS NOT COVI RAM HAS NOT EW T DELINQUEN IN EXPLICAN ATION ARE THE APPLICAN ame one Number (g. 2244	REVIEW BY STATE EXECUT APPLICATION WAS MADE IT EXECUTIVE ORDER 123* ON ERED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? NO RUE AND CORRECT. THE IT WILL COMPLY WITH THE
t Date: 1/2005 ESTIMATED FUNDING: ederal \$ oplicant \$ ate \$ oral \$ OTAL \$ OTHE BEST OF MY KNOW CHED ASSURANCES IF T thorized Representative The state of t	WLEDGE AND BELIEF, A AUTHORIZED BY THE G HE ASSISTANCE IS AW First Name Irving	248,000 00 00 00 00 00 00 00 00 00 00 00 00	a. Applicant 19 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. AVAILABL PROCESS DATE: 08/ b. No. PROGRAM OR PROGR FOR REVIE 17. IS THE APPLICANT THE APPLICANT AND TO Middle N N Suffix c. Teleph	SS? APPLICATION E TO THE STA FOR REVIEW 03/2005 HIS NOT COVI RAM HAS NOT EW T DELINQUEN ATION ARE THE APPLICAN ame one Number (c) -2244	REVIEW BY STATE EXECUT APPLICATION WAS MADE IT EXECUTIVE ORDER 123* ON ERED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? NO RUE AND CORRECT. THE IT WILL COMPLY WITH THE

STATE CLEARING HOUSE

Preacribed by OMB Circular A-102 Authorized for Local Reproduction Ståndard Form 424 (Rev.9-2003) Previous Edition Usable e, Date Signed SOOZ d. Signature of Authoritzed Representative S NTUD DXX eltiT .c ZOWEZ XIIIns Last Name Seo Zman Jania Middle Name e. Authorized Representative Prefix ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE الا 'Yea If 'Yea" attach an explanation. ON Z 206,136,71 JATOT .g 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Program income FOR REVIEW 999'/6 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e, Other . No. □ 000,003 PROGRAM IS NOT COVERED BY E. O. 12372 d. Local 11,154,347 c. State 5'800'000 PROCESS FOR REVIEW ON b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 В. Үеэ. 🏥 000,000,E ONDER 12372 PROCESS? a. Federal TO REVIEW BY STATE EXECUTIVE 16. IS APPLICATION SUBJECT 13. ESTIMATED FUNDING: Tet Dietricl - Sam Farr TRA MB2 - tointaid Atrit April 2006 March 2007 b, Project a, Applicant Ending Date: Start Date: 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT The City of Soledad (and the aglrcultural employers in Monterey County) 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): TITLE (Name of Program):

Dept of Agric. - Rural Housing Servcles, Section 514 & 516 Farm Labor Housing Benilo Street Farm Labor Center 10-402 Housing Authority of the City of Soledad 1. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 8. NAME OF FEDERAL AGENCY: Ofher (specify) Public Housing Authority Office (specify) (See back of form for description of letters.) If Revision, enter appropriate letter(s) in box(es) M. Other (specified below) Continuation noiaiveA [] TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICATION: 8100509-49 7103-377 (168) 9105-577 (168) Fax Number (give area code) Рћопе Митрет (діче втев соде) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Country: United States вуо. үетелогия политема :liem= 93960 21b Code :efete: ։xֈֈֈng STATE CLEARING HOUSE Last Name Warren Monterey County: City: Vne - 4 5002 Middle Name ehete Prefix: A& First Name: Street: 121 Alder Street Involving this application (give area code) Name and telephone number of person to be contacted on matters Address; Organizational DUNS: 645264749 Division: Housing Authority of the City of Soledad Department: Organizational Unit: Legal Name: Mon-Construction 5. APPLICANT INFORMATION Non-Construction Construction Construction 3. DATE RECEIVED BY STATE

2. O- 5. 3-0
4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Pre-application Application

May 13, 2005

1. TYPE OF SUBMISSION:

FEDERAL ASSISTANCE APPLICATION FOR

State Application Identifier

Version 7/03

Applicant identifier

APPLICATION FOR						Version 7/03
FEDERAL ASSISTANCE	=	2 DATE SUBMITTED		Applicant Iden	านโอร	
1 TYPE OF SUBMISSION:		August 2, 2005 3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
Application	Pre-application				,	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	her	
Non-Construction	Non-Construction					
5 APPLICANT INFORMATION Legal Name.	<u> </u>		Organizational Unit	,	· · · · · · · · · · · · · · · · · · ·	
_			Department:			
City of Redlands			Rediands Municipal Division	а Акрол		
Organizational DUNS 094 712 205		·				
Address			Name and telephor Involving this appli	ie number of pe ication (give are	rson to be conta a code)	ted on matters
Street 35 Cajon Street, Suite 15A			Prefix	First Name.		
			Middle Name	Charlotte		
City Regiands			A			
County San Bernarding			Last Name Kranenburg			
State: CA	Zip Code 92373		Suffix			
	923/3		Email			
Country.			ckranenburg@cityo		TE	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN)		Phone Number (give	area code)	Fax Number (an	area code)
95-6000766	<u> </u>		909-798-7668		909-798-7670	
8. TYPE OF APPLICATION:		_	7. TYPE OF APPLIC	CANT: (See bac	k of form for Appli	ation Types)
Revision, enter appropriate let		n 🖟 Revision	С			
(See pack of form for description	u o(legera)		Other (specify)			
0			9. NAME OF FEDER	DAL AGENCY:		
Other (specify)			Federal Aviation Adi	ministration		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE			
		20-106	Update Airport Mas	ter Plan including	NEPA review, E.	momic impact
TITLE (Name of Program). Airport (mprovement Program)			Study, and Strategic	E Business Plan		
12. AREAS AFFECTED BY PR		is States etc.)	-			
City of Rediands, Rediands, Co		2, 5,0,0,0				
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date:	Ending Date		a. Applicant		b Project	
1/06 15. ESTIMATED FUNDING:	1/07		16. IS APPLICATIO	N SUBJECT TO	SEVIEW BY STA	TE EXECUTIVE
To. ESTIMATED FUNDING:			ABBER 45476 ABA	~~~~		
a Federal S		142,500	a Yes. THIS PR	REAPPLICATION	N/APPLICATION \ 'ATE EXECUTIVE	YAS MADE JRDER 12372
b Applicant \$	<u> </u>			SS FOR REVIE	MIL TYPOUTION	SKELK IZOIZ
c State S		1,087	- DATE:	August 2, 2005		
C State		6,413				
d Local	;	.00	PROGR	AM IS NOT CO	VERED BY E. O.	:372
e Otner		.50			T BEEN SELECT	D BY STATE
f Program Income		90	17. IS THE APPLIC	VIEW	NT ON ANY FED	RAL DEBT?
	•			~!!!! ~~~!!!!		
g TOTAL	}	150.000	Yes If "Yes" attac	ch an explanation	n 2 1	1-3
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIE	F, ALL DATA IN THIS AP	PLICATION/PREAPPL	ICATION ARE	TRUE AND CORI	ECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE THE ASSISTANCE IS	EGOVERNING BODY OF AWARDED	THE APPLICANT AN	D THE APPLICA	MI WILL COMP	WITHINE
a Authorized Representative Prefix						
Prefix	First Name Susan		Midd	le Name		_
Last Name			Synth	t		
Peppler b Title			c Te	врпопе Митраг	(give area code)	
/ Mayor)					****
a. Sanature of Authorized Rape	esentative -	Trest Detre	Au Au	9-798-7533 No Signed S. 2, 2005	5	
Previous Edition Usable	DEC	CIVIL PIETE LA P	opper, City C	lerk	Standard Forn	. 424 (Rev.9-2003 мВ Çircular A-102
Authorized for Local Reproducti	on HEC	にマレレー!		•	Liescuped DA (MD CRCHSt W-105
	ALIC	- 3 2005 -	' \			
	AUU	o 2000				

STATE CLEARING HOUSE

PLANNING DEPT

Version 7/03 APPLICATION FOR Applicant Identifier FEDERAL ASSISTANCE 2. DATE SUBMITTED 8-9-05 CA-03-0724 3. DATE RECEIVED BY STATE 1. TYPE OF SUBWISSION: State Application Identifier Application Pre-application 8-9-05 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construition
5. APPLICANT IN FORMATION 1685 Non-Construction Legal Name: Organizational Unit Department: Harbor, Business and Transit City of Redondo E each Division: Beach Cities Transit Organizational DL NS: Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) 415 Diamond Street First Name: Prefix: Terisa City: Redondo Beach Middle Name Lynn County: Los Angeles Last Name Price State: Zip Code 90277 Suffix: Country: United States terisa.price@redondo.org Phone Number (give area code) 6. EMPLOYER ID ENTIFICATION NUMBER (EIN): Fax Number (give area code) 310-372-1171 ext 2670 310-372-8021 95-6000767 YPE OF APPLICATION: 7, TYPE OF APPLICANT: (See back of form for Application Types) Continuation Revision V New C - Municipal If Ravision, enter a propriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) 9. NAME OF FEDERAL AGENCY: FTA Capital Grants Program Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design/Plans/Specifications for an intermodal transit terminal servicing 20-500 the western portion of the south bay subregion of los angeles TITLE (Name of Program): 12. AREAS AFFE TED BY PROJECT (Cities, Counties, States, etc.): Redondo Beach 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 36th Congressional District Start Date: b. Project **Ending Date:** 12/05 6/06 36th Congressional District 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE Federal a. 491,839 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON 122,960 c. State DATE: 8-9-05 w PROGRAM IS NOT COVERED BY E. O. 12372 d. Llocal b. No. 🞵 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE \prod FOR REVIEW f. Program Income 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Z No Yes If "Yes" attach an explanation. 614,799 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED Authorized Representative Prefix First Name Terisa Middle Name Lynn Last Name Price Suffix b. Title Transit Manage c. Telephone Number (give area code) (310) 372-1171 ext 2670 e. Date Signed 8-9-05 **⊈**S gnature uliorized Representative **HECEIVED** Standard Form 424 (Rev.9-2003) revious Edition Ut able Authorized for Local Reproduction Prescribed by QMB Circular A-102 AUG - 9 2005 STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
	Preapplication ConstruEDECEIVEI Nonconstruction	4. Date Ree'd by Federal	Federal Identifier C9 96931105
5. Applicant Information: Legal Name and Address: (give city, county, state, and State Water Re 1001 I Street, Sacramento, C 6. Employer Identification N 6. DUNS Number: 808 8. Type of Application: New X Revision If Revision, enter appropriat A. Increase Award C. Increase Duration Other (specify) 10. Catalog of Federal Dom 66,460	zip code) STATE CLEARING HO Esources Control Board Sacramento County alifornia 95814 Number (EIN): 680281986 321913 Continuation c letter(s): _A B. Decrease Award D. Decrease Duration	Organizational Unit: Division of Financial Assists US Tame and telephone of perso involving this application (g: Lauma Jurkevics (916) 341-5498 7. Type of Applicant: (enter A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. Name of Federal Agency	on to be contacted on matters ive area code): rappropriate letter)A H. Independent School District I. State Institute of Higher Learning I. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) : mental Protection Agency
12. Area Affected by Project (cities, counties, states, ctc.) California 13. Proposed Project: Start Date 7/1/2005	End Date 6/30/2010	Clean Water Act, Section 31 management projects. 14. Congressional District of	otivities and projects under the 9(h) for funding nonpoint source of: Project:
			California - All
a. Federal b. Applicant c. State d. Local e. Other f. Program Income	\$1,542,748 \$0 \$1,028,498 \$0 \$0	available to the review on: I b. NO: Program state for	2 process? pplication/preapplication was made e State EO 12372 process for Date: August 11, 2005 m is not covered by EO # 12372 m has not been selected by the preview.
g. TOTAL	\$2,571,246	17. Is the applicant delinque YES, attach explanat	-
TRUE AND CORRECT, TH APPLICANT, AND THE A IS AWARDED.	KNOWLEDGE AND BELIEF, ALL HE DOCUMENT HAS BEEN DULY PPLICANT WILL COMPLY WITH	AUTHORIZED BY THE GOV THE ATTACHED ASSURANC	ERNING BOARD OF THE LES IF THE ASSISTANCE
a. Typed Name of Authoriza Celeste Cantú	ed Representative	b. Title: Executive Dire	c. Telephone Number (916) 341-5615
d. Signature of Authorized I	Representative		c. Date Signed:

APPLICATION FOR FEDERAL ASSISTANC	E		2. DATE SUBMITTED	8/11/05	Applicant Iden 05-460	Version 7/0
. TYPE OF SUBMISSION: Application	Denia	pplication	3. DATE RECEIVED B	Y STATE	State Applicati	on Identifier
Construction	l	nstruction	4. DATE RECEIVED B	Y FEDERAL AGEN	Y Federal Identil	lar
Non-Construction	No	n-Construction				
, APPLICANT INFORMATION agai Name:	<u> </u>			Organizational U	Init:	
City of Edebane				Pepartment: Public Works		
Organizational DUNS: 967492711	Г	The Part of Part	IV/ED	Division: Water and Sewei	•	
Address:		REUL	Total Mariana Maria		ione number of pe plication (give are	rson to be contacted on matter
Street: 50 Park Place		AUG 1	1 2005	Prefix:	First Name: Matthew	9 (000)
Cily: Brisbano			Lama HOUSE	Middle Name Thomas		
County: San Maloo		151A15 050	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Lasi Name Fabry		,
Slale: CA	Zip C	A Company of a state of		Suffix:		A A A A A A A A A A A A A A A A A A A
Country:	3400			Email: mlabry@ci.brleb	MO PO 145	•
USA 8. EMPLOYER IDENTIFICATI	ON NUR	ABER (EIN):		Phone Number (Fex Number (give area code)
9 4 - 1 5 2 5 3 6				415-508-2134		416-467-5547
TYPE OF APPLICATION:				7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)
No Revision, enter appropriate le)W Her(s) In	Continuatio	n 🔲 Revision	C		-
See back of form for description	n of lette	3rs.)	П	Other (specify)		
Other (specify)				U.S. Environmen		cy, Bruce Herbold - Project Office
IO. CATALOG OF FEDERAL	DOME	etic assistand	E NUMBER:	1		CANT'S PROJECT:
TITLE (Name of Program): Surveys, Studies, Investigation 12. AREAS AFFECTED BY P	ns, and !	Special Purpose C	9 6 - 6 0 6	elructurally deficing to the control of the control	ient sewer line throu Flow Regulators and equiating system on	Replace one segment of ogh pipe bursting technology. I SCADA Upgrade: Install six water turnouts to allow isolatio
12. AREAS AFFECTED BY P	KUJEC	I (Cides, Cobine	5, States, 8tc./.	of City's water sy aystem in emerg		ncisco Public Utilities Commission
13. PROPOSED PROJECT	T ==	Alas A Dadas		14. CONGRESS a. Applicant	IONAL DISTRICTS	OF: b. Project
Slart Dale: 10/1/05		ding Date: /30/06		12		12
15. ESTIMATED FUNDING:				ORDER 12372 P	ROCESS?	REVIEW BY STATE EXECUTIV
a. Federal	\$		336,800	e. Yes. 🗹 THIS	PREAPPLICATION LABLE TO THE ST	NAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$		287,264		CESS FOR REVIE	W ON
c. State	\$		0	DAT	E 0/11/05	
d. Local	\$		0 .	b. No. 🖾 PRO	IGRAM IS NOT CO	VERED BY E. O. 12372
e, Olher	5		0.,		PROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income	\$		0.			INT ON ANY FEDERAL DEBT?
g. TOTAL	\$		624,064	1 "	altach en explanatio	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTH	IORIZED BY THE	GOVERNING BODY C	APPLICATION/PREA OF THE APPLICANT	PPLICATION ARE AND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a Authorized Representative			***************************************	la 2	iddle Nama	
Preflx	Rand	Name V		1	iddle Name	
Last Neme Breault				F	uffix P.E.	
o. Title Director of Public Works/City	Enginee	r			Telephone Numbe 15-508-2130	r (give area code)
d. Signature of Authorized Rep			Pl Breath		2 / 21	2/11/05
Previous Edillon Usable						Slandard Form 424 (Rev.9-20

FEDERAL ASSISTANC	E	2. DATE SUBMITTED	08/17/2005	Applicant Ide	entifier N/A
1. TYPE OF SUBMISSION:	T - '\	3. DATE RECEIVED B	YSTATE	State Applica	ation Identifier
Application	Pre-application				SAI-EXEMPT_
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Iden	tifier 06-01570
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		*** 44.	<u> </u>	****
Long! Name:	epartment of Parks		Organizational Unit:		14
	chairment oi caiva	and Recreation	Department: Califor	nia Departr	ment of Park and Recreation
Organizational DUNS: 1720	70807		B	· · · · · · · · · · · · · · · · · · ·	Local Services
Address:	BEC	EIVED 2 2005			erson to be contacted on matter
Street: PO Box 942896		LIVED	Involving this applic	ation falve ar	an codo)
	- AUG	1 2 2005	Prefix: Ms.	First Name:	Betty
City: Sacramento		2 2005	Middle Name		**
County: Sacramento	STATE CLEA	RING HOUSE	Last Name Etting	 IAC	
State: California	Zip Code 94296-00	01————	Suffix:		***************************************
Country: USA			Email: hotti@node	0.00.00	
6, EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	•	Phone Number (give a		I Fau Number 7 1
68 - 0303606	•		(916) 651-8174	rea code)	Fax Number (give area code) (916) 953-6511
B. TYPE OF APPLICATION:	84		1	NT: (See har	ck of form for Application Types)
E Nev	w ☐ Continuetion	⊓	A. State	1111 (022 500	A of form the Application (ypes)
f Revision, enter appropriate let See back of form for description	ter(s) in box(es) of letters,)		Other (specify)		
Other (specify)	•				
			9. NAME OF FEDERA	L AGENCY:	r, National Park Service
10. CATALOG OF FEDERAL (DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
		15 - 916	Carr Park Develo		•
TITLE (Name of Program): Lar	nd & Water Conserv	ation Fund	City of Glendale	-	
12. AREAS AFFECTED BY PR	OJECT (Cities, Countles	. States, etc.):	1615 East Colora		
06-49270		,	Glendale, CA 91	250	
13. PROPOSED PROJECT			14. CONGRESSIONA	DISTRICTS	OE:
Start Date:	Ending Date:		a. Applicant 03	E DISTRICTS	b. Project 27
5. ESTIMATED FUNDING:	_,			SUD IEST TO	REVIEW BY STATE EXECUTIVE
. Federal S			URUER 12372 PROCE	SS7	
Andrea		102,000.00	a. Yes. AVAILABLE	APPLICATION E TO THE STA	APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
		190,000.00	PROCESS	FOR REVIEW	V ON
s. State \$			DATE: 08	3/10/2005	
. Local \$			J		ERED BY E. O. 12372
. Other \$					
Program Income \$			FOR REVI	∃W	F BEEN SELECTED BY STATE
			17. IS THE APPLICAN	T DELINQUE	IT ON ANY FEDERAL DEBT?
-		292,000.00	☐ Yes If "Yes" attach a	in explanation	因 No
B. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A	VLEDGE AND BELIEF,	ALL DAMA			·= · · · ·
TACHED ASSURANCES IF T	NUTHORIZED BY THE G HE ASSISTANCE IS AW	OVERNING BODY OF T (ARDED:	HE APPLICANT AND T	HE APPLICAT	T WILL COMPLY WITH THE
Authorized Representative					
	First Name Ruth		Middle N	ame	
Coleman		-	Suffix	,	
Title Director, Parks and	Recreation		c. Teleph	one Number (Ilve area code)
Signature of Authorized Represe	entative	7	(916 e. Date S) 653-7423	
vious Edition Usable			e, pare 3	Auen	

Version 7/03

APPLICATION FOR		2. DATE SUBMITTED May 31, 2005		Ap	Applicant Identifier	
FEDERAL ASSISTANCE						
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		Sta	te Application Identifier	
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED	BY FEDER	AI. AGENCY Fee	leral Identifier	
5. APPLICANT INFORMATI	ON		1.9		Name Management Date	
Legal Name: Department of	f Toxic Substan	ices Control	Departm		Waste Management Program	
	TOXIC SUSSEED			← Same	· · · · · · · · · · · · · · · · · · ·	
Organizational DUNS:		W/En	Division	:		
Address:	Allo	"ED	applicati	id telephone number of p on (give area code)	erson to be contacted on matters involving this	
Street:	AUG J	o 2005	Prefix:		First Name:	
1001	I Street				Suzanne	
City: Sacra	mento	PING HOUSE	Middle N	Vame:		
City. Buois	ATTOTICO CONTRACTOR CO	The same and the s				
County: Sacramento			Last Nan	ne: Holme:	S	
State: California	Zip Code:	95812	Suffix:	Ms.		
Country: U.S.A.			Email:	SHolm	es@dtsc.ca.gov	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):			umber (give area code)	Fax Number (give area code)	
68-028138	31		916-3	24-8660	916-327-4495	
8. TYPE OF APPLICATION:			7. TYPE	OF APPLICANT: (See	back of form for Application Types)	
☐ New If Revision, enter appropriate to		Revision				
(See back of form for description				State Fi	scal Years 2005-08	
	Г					
Other (specify)	L		Other (specify) 9. NAME OF FEDERAL AGENCY:			
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT;			
	66-801		Resource Conservation and Recovery Act			
TITLE (Name of Program): H	azardous Waste	Management	(RCRA) Grant			
Waste Program Supp		3	Fiscal Years 2005-08			
			Hazardous Waste Management Program			
12. AREAS AFFECTED BY	PROJECT (Cities, Coun	ties, States, etc):	14 CONCRESSIONAL DISTRICTS OF			
13. PROPOSED PROJECT Start Date: 7/1/05	F 11 D.4	6/30/08	14. CONGRESSIONAL DISTRICTS OF: a, Applicant b, Project			
15. ESTIMATED FUNDING:	Ending Date:	0/30/08	16, IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PROCESS?			
a. Federal S	23,002,221		a, Yes THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR			
b. Applicant S	7,667,395		REVIEW		5	
c. State \$			6. No	DATE: TI PROGRAM IS NOT	COVERED BY E. O. 12372	
d. Local \$ e. Other \$			4	OR PROGRAM HA	S NOT BEEN SELECTED BY STATE FOR	
f. Program Income \$	·		REVIEW		QUENT ON ANY FEDERAL DEBT?	
g. TOTAL §	g TOTAL			f "Yes" attach un explun	ation. 🖾 No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND CORRECT. THE E APPLICAN'T WILL COMPLY WITH THE	
a. Authorized Representative Prefix Mr. First	NY 117	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Middle Name		
	Name Watso)]]		Suffix		
Last Name	Gin	D:			(0.1.5) 202 275	
b. Title d. Signature of Authorities Rep		ty Director		c. Telephone Number	(give area code) (916) 322-3501	
Previous Edition Usable	7 54			e. Date Signed	1,2005	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

						Version 7/03				
APPLICATION FOR			1		Applican	Applicant Identifier				
FEDERAL ASSISTANCE			June 8, 2005							
I. TYPE OF SUBMISSION:			3. DATE RECEIVED BY STATE		State Application Identifier					
Application	Pre-application		3. DATE RECEIVED BY STATE		State Appreciation (description					
Communica		Construction 4. DATE RECED		WEEDER AL ACENCO						
☐ Construction ☐ Non-Construction		iction Instruction	4. DATE RECEIVED E	BY FEDERAL AGENCY Federal		Identifier				
5. APPLICANT INFORMATION										
Legal Name;				Organizational Unit: Hazardous Waste Management Program						
Department of Toxic Substances Control				Department:						
The state of the s				Same						
Organizational DUNS:		-	CENED	Division:						
Organizational DONS.			LICH V how have	Division.						
Address:		r 2005	Name and telephone number of person to be contacted on matters involving this							
		AUG 1 5 2005		application (give area code)						
Street:						First Name:				
1001 I Street		STATE CLEARING HOUS		 -		Suzanne				
		+SIAII	and V has been t	Middle Name:						
City: Sacramento		-	Wildie Name;							
Charles	N494									
County:				Last Name: Holmes						
Sacramento	1 2	<i>c</i>								
State: Zip Co			Suffix: Ms.							
California			95812							
Country: U.S.A.				Email: SHolmes@dtsc.ca.gov						
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				Phone Number (give area code) Fax Number (give area code)						
68-0281381				916-324-8660		916-327-4495				
8, TYPE OF APPLICATION:				7. TYPE OF APPLICANT: (See back of form for Application Types)						
☐ New ☑ Continuation ☐ Revision				State Fiscal Years 2005-06						
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)										
							Amendment #1			
·				Other (specify) 9. NAME OF FEDERAL AGENCY:						
Other (specify)			3. NAME OF PEDEROCE A	OLIVE I.						
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:						
66-801				Resource Conservation and Recovery Act						
TITLE (Name of Program): Hazardous Waste Management Waste Program Support				(RCRA) Grant Fiscal Years 2005-08 Hazardous Waste Management Program						
							12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):			
							121 / 242 22 / 1 120 120 2 1 1 120 120 1 (Oldin, Oldinina, Oldinin			
13. PROPOSED PROJECT							14. CONGRESSIONAL DI	STRICTS C	F: ·	
Start Date: 7/1/05 Ending D		nding Date:	6/30/06	a. Applicant		h. Project				
15. ESTIMATED FUNDING:				16, IS APPLICATION SUE	JECT TO P	REVIEW BY STATE EXECUTIVE				
n Federal				u. Yes THIS PREAPPLICATION/APPLICATION WAS MADE						
a. Federal \$ 7,800,737				a. Yes THIS PREAPP	LICATION	/APPLICATION WAS MADE				
b. Applicant c					REVIEW ON DATE: 8/15/0 \$					
c, State \$,		DATE. 1	•						
d. Local \$				b. No						
e. Other \$										
f. Program Income \$	\$				ELINQUE	T ON ANY FEDERAL DEBT?				
g. TOTAL s 10,400,982				☐ Yes If "Yes" attach an explanation. ☐ No						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE										
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE										
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.										
a. Authorized Representative										
Prefix Mr. Firs	t Name	Watso	n	Middle Name						
Last Name 7 Gin Surffix										
b. Title Deputy Director HECEIVED c. Telephone Number (give area code) (916) 322-3501										
d. Signature of Authority Representative										
[NOWNY]	z_i	<u>.</u>	JUN]	1 3 2005 Date Signed	4. 20	25				
Previous Edition Usable		1.7			·	Standard Form 424 (Rev. 9-2003)				
Authorized for Local Reproduction GMO, PMD-7 Prescribed by OMB Circular A-102										
Section Control of the Control of th										